

# ATTACHMENT 1

## Instructions for completion of the optional Personal Care Worker Weekly Record of Care

**Item 1: Patient Name** – Enter the recipient’s name.

**Item 2: Employee Name** – Enter the name of the personal care worker (PCW) providing care. (Each PCW caring for a recipient needs to complete a separate record of care.)

**Item 3: Year** – Enter the year personal care services are provided.

**Item 4: Recipient Identifying Number (optional)** – Provider may enter the recipient’s Medicaid identification number or an internal identifying number.

**Item 5: Date of Service** – Enter the month and date (month/day) of each date of service.

**Item 6: Start Time** – Enter the time personal care begins.

**Item 7: End Time** – Enter the time personal care ends.

**Item 8: ADL Tasks, Housekeeping** – Enter the time spent providing Medicaid-funded tasks only. To document the time spent, PCWs may choose any of the following:

- Enter check mark(s) for each task provided.
- Enter the time (in minutes) *actually* spent providing each task.
- Enter the time each task was started and ended.

If two or more tasks are performed simultaneously (e.g., laundry and meal preparation), total time recorded for those tasks cannot exceed the total unduplicated time spent performing them.

**Item 9: Total Medicaid Time** – Each day, enter the total amount of time spent providing Medicaid-covered services on that date of service. The PCW must record the total time *actually* spent for Medicaid-covered tasks, not time estimated by the agency or on the prior authorization.

**Item 10: Recipient Signature** – Recipient signs and dates the form. If the recipient does not sign the record of care, the agency must document in the medical record why not.

**Item 11: Comments**—Enter any comments about the recipient’s condition. Always document reason(s) for changes in the time it takes to provide care. Date and initial each notation. Examples include:

- General comments.
- Changes in recipient’s condition.
- Emergency hours.
- Refusal of care.
- Institutional admission and discharge, including time of admission or discharge and time of cares given.

**Item 12: Travel Time**—To enter travel time, choose one of the following:

- Check the box provided if using a computer-generated itinerary.
- Complete the chart in entirety if:
  - ✓ Deviating from the computer-generated itinerary.
  - ✓ Not using a computer-generated itinerary.

When a PCW changes the routine itinerary, either a new itinerary must be documented or the PCW must complete the travel time chart on the record of care form. If a computer-generated method is used, the provider must maintain the following information on file in the agency records:

- The computer-generated map documenting the shortest time between travel locations.
- The routine itineraries for each PCW.
- The address of locations for which “to” and “from” travel occurs.
- The recipient’s name and address.
- The dates of service, start and end times, and personal care services provided.

**Item 13: PCW Signature**—The PCW signs and dates the form.

**Item 14: RN Supervisor Signature**—The RN supervisor signs and dates the form.